California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Data Sharing Agreement Subcommittee
Meeting 5 (March 22, 2022, 12:00PM – 2:30PM PST)
Q&A Log

The following table shows comments that were entered into the Zoom Q&A by public attendees during the March 22nd virtual meeting:

Count	Name	Comment	Response(s)[1]
1	Jonathon Feit	Hi, Rim -- can we be sure to include discussions about "the unknown patient"? (I.e., EMS / Fire, mental and behavioral health, dementia, more.)	live answered
2	Jim Sullivan	Does the (e)MPI include any centralized consent registry at a state level?	Thank you for the comments, Jim. We will review the feedback and share with Rim.
3	Jonathon Feit	Why are some comments showing up in the chat but others are not? (Mine are only showing in the Q&A, not the chat.) Thanks!	Chat is enabled for subcommittee members only. Thanks for continuing to submit your feedback via the QA.
4	Jim Sullivan	... including link-back to points like state public health registries and vital stats, etc	live answered

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[1] Responses may have been provided by various Data Exchange Framework Data Sharing Agreement Subcommittee Members or Center for Data Insights and Innovation staff.

Count	Name	Comment	Response(s)[1]
5	Jonathon Feit	Thanks, Lammot.	Thank you for participating. You may also provide comments during the public comment portion of today's meeting too.
6	Jonathon Feit	Hi Lammot -- the notes above suggest that my question was answered live (i.e., "the unknown patient") but i don't recall hearing it. Can we re-raise that? In other words, how do we deal with patients who don't know their own name? How do we deal with patients when we can't trust that they know their name?	My apologies. I inadvertently hit answer "live." We will provide these comments and considerations to Rim, and again, please feel free to offer these observations and questions during the Public Comment period (anticipated to occur at 1:10).
7	Karen Ostrowski	There are serious issues with data dignity and privacy, not just within health care but tech in general. Consumers are not well-informed and in many cases are being misled about how their data is being used. The consent process is not meaningful and organizations often embed other uses deep in NPPs or other documents without truly informing patients about where their data is going and for what purposes. The idea of using demographics for other purposes other than to match records is highly concerning and I encourage the subcommittee to take a very conservative approach.	Karen, thank you for the comments regarding the complexity regarding data dignity and privacy and consent. We will share your feedback with the Subcommittee.
8	Jonathon Feit	"Separate and unequal" - Why does California so often end up creating multiple conflicting systems in parallel?	
9	Jonathon Feit	The identity question isn't theoretical - BTW: consider POLST.	
10	Jonathon Feit	<me, me!>	
11	Jonathon Feit	thanks!	

Count	Name	Comment	Response(s)[1]
12	Michael Marchant	This is a great point - do not require intermediary	Thank you, Michael. We will share your comment with the Subcommittee.
13	Jim Sullivan	What if there was intermediate technology that could discretely extract specific data from an unstructured, indiscrete document being shared across an exchange?	Jim, we will share this question with the staff and Subcommittee members.

Total Count of Zoom Q&A comments: 13